

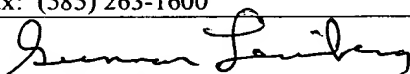
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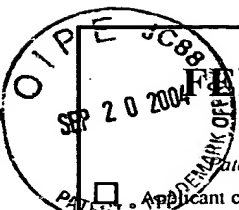
TECHNOLOGY CENTER 3700

|                                                                                     |    |                        |                       |
|-------------------------------------------------------------------------------------|----|------------------------|-----------------------|
| <b>TRANSMITTAL FORM</b><br>(to be used for all correspondence after initial filing) |    | Application Number     | 09/540,401            |
|                                                                                     |    | Filing Date            | March 31, 2000        |
|                                                                                     |    | First Named Inventor   | James L. Boney et al. |
|                                                                                     |    | Group Art Unit         | 3713                  |
|                                                                                     |    | Examiner Name          | Chanda L. Harris      |
| Total Number of Pages in This Submission                                            | 18 | Attorney Docket Number | 201969/181            |

| ENCLOSURES (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment / Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> A copy of the Notice to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Declaration and Power of Attorney<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Application Data Sheet<br><input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures<br><input checked="" type="checkbox"/> A self-addressed, prepaid postcard for acknowledging receipt<br><input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 14-1138 for the above identified docket number.                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |                                                                                                                                                                       |
|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Firm or Individual name                    | Gunnar G. Leinberg, Esq.<br>Nixon Peabody LLP<br>Clinton Square, P.O. Box 31051<br>Rochester, New York 14603-1051<br>Telephone: (585) 263-1014<br>Fax: (585) 263-1600 |
| Signature                                  |  Registration No. 35,584                                                           |
| Date                                       | Sept. 17, 2004                                                                                                                                                        |

| CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]                                                                                                                                                                                                                        |                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| I hereby certify that this correspondence is being:                                                                                                                                                                                                                           |                                                                             |
| <input checked="" type="checkbox"/> deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 |                                                                             |
| <input type="checkbox"/> transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703) _____                                                                                                                                     |                                                                             |
| <u>Sept. 17, 2004</u><br>Date                                                                                                                                                                                                                                                 | <u>Ruth R. Smith</u><br>Signature<br>Ruth R. Smith<br>Typed or printed name |



# PATENT TRANSMITTAL FOR FY 2003

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

\$950

Complete if Known

Application Number 09/540,401

Filing Date March 31, 2000

First Named Inventor James L. Boney

Examiner Name Chanda L. Harris

Art Unit 3713

Attorney Docket No. 201969/181

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## METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None

☐ Deposit Account:

Deposit Account Number 14-1138

Deposit Account Name Nixon Peabody LLP

The Commissioner is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s)

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

### 1. BASIC FILING FEE

| Large Entity Fee Code | Large Entity Fee (\$) | Small Entity Fee Code | Small Entity Fee (\$) | Fee Description        | Fee Paid |
|-----------------------|-----------------------|-----------------------|-----------------------|------------------------|----------|
| 1001                  | 770                   | 2001                  | 385                   | Utility filing fee     |          |
| 1002                  | 340                   | 2002                  | 170                   | Design filing fee      |          |
| 1003                  | 530                   | 2003                  | 265                   | Plant filing fee       |          |
| 1004                  | 770                   | 2004                  | 385                   | Reissue filing fee     |          |
| 1005                  | 160                   | 2005                  | 80                    | Provisional filing fee |          |

SUBTOTAL (1) (\$ 0)

### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

| Total Claims       | Extra Claims | Fee from below | Fee Paid |
|--------------------|--------------|----------------|----------|
| 31                 | -31** = 0    | X \$18         | = 0      |
| Independent Claims | 3            | -3** = 0       | X 86 = 0 |
| Multiple Dependent | 0            | X 290          | = 0      |

| Large Entity Fee Code | Large Entity Fee (\$) | Small Entity Fee Code | Small Entity Fee (\$) | Fee Description                                            |
|-----------------------|-----------------------|-----------------------|-----------------------|------------------------------------------------------------|
| 1202                  | 18                    | 2202                  | 9                     | Claims in excess of 20                                     |
| 1201                  | 86                    | 2201                  | 43                    | Independent claims in excess of 3                          |
| 1203                  | 290                   | 2203                  | 145                   | Multiple dependent claim, if not paid                      |
| 1204                  | 86                    | 2204                  | 43                    | ** Reissue independent claims over original patent         |
| 1205                  | 18                    | 2205                  | 9                     | ** Reissue claims in excess of 20 and over original patent |

SUBTOTAL (2) (\$0)

\*\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

| Large Entity Fee Code | Large Entity Fee (\$) | Small Entity Fee Code | Small Entity Fee (\$) | Fee Description                                                            |
|-----------------------|-----------------------|-----------------------|-----------------------|----------------------------------------------------------------------------|
| 1051                  | 130                   | 2051                  | 65                    | Surcharge - late filing fee or oath                                        |
| 1052                  | 50                    | 2052                  | 25                    | Surcharge - late provisional filing fee or cover sheet                     |
| 1053                  | 130                   | 1053                  | 130                   | Non-English specification                                                  |
| 1812                  | 2,520                 | 1812                  | 2,520                 | For filing a request for <i>ex parte</i> reexamination                     |
| 1804                  | 920*                  | 1804                  | 920*                  | Requesting publication of SIR prior to Examiner action                     |
| 1805                  | 1,840*                | 1805                  | 1,840*                | Requesting publication of SIR after Examiner action                        |
| 1251                  | 110                   | 2251                  | 55                    | Extension for reply within first month                                     |
| 1252                  | 420                   | 2252                  | 210                   | Extension for reply within second month                                    |
| 1253                  | 950                   | 2253                  | 475                   | Extension for reply within third month                                     |
| 1254                  | 1,480                 | 2254                  | 740                   | Extension for reply within fourth month                                    |
| 1255                  | 2,010                 | 2255                  | 1,005                 | Extension for reply within fifth month                                     |
| 1401                  | 330                   | 2401                  | 165                   | Notice of Appeal                                                           |
| 1402                  | 330                   | 2402                  | 165                   | Filing a brief in support of an appeal                                     |
| 1403                  | 290                   | 2403                  | 145                   | Request for oral hearing                                                   |
| 1451                  | 1,510                 | 1451                  | 1,510                 | Petition to institute a public use proceeding                              |
| 1452                  | 110                   | 2452                  | 55                    | Petition to revive - unavoidable                                           |
| 1453                  | 1,330                 | 2453                  | 665                   | Petition to revive - unintentional                                         |
| 1501                  | 1,330                 | 2501                  | 665                   | Utility issue fee (or reissue)                                             |
| 1502                  | 480                   | 2502                  | 240                   | Design issue fee                                                           |
| 1503                  | 640                   | 2503                  | 320                   | Plant issue fee                                                            |
| 1460                  | 130                   | 1460                  | 130                   | Petitions to the Commissioner                                              |
| 1807                  | 50                    | 1807                  | 50                    | Processing fee under 37 CFR 1.17(q)                                        |
| 1806                  | 180                   | 1806                  | 180                   | Submission of Information Disclosure Stmt                                  |
| 8021                  | 40                    | 8021                  | 40                    | Recording each patent assignment per property (times number of properties) |
| 1809                  | 770                   | 2809                  | 385                   | Filing a submission after final rejection (37 CFR 1.129(a))                |
| 1810                  | 770                   | 2810                  | 385                   | For each additional invention to be examined (37 CFR 1.129(b))             |
| 1801                  | 770                   | 2801                  | 385                   | Request for Continued Examination (RCE)                                    |
| 1802                  | 900                   | 1802                  | 900                   | Request for expedited examination of a design application                  |

Other fee (specify) \_\_\_\_\_

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) \$950

## CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]

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☐ transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703) \_\_\_\_\_

Sept 17, 2004  
Date

Ruth R. Smith  
Signature  
Ruth R. Smith  
Typed or printed name

## SUBMITTED BY

Name (Print/Type) Gunnar G. Leinberg

Registration No. 35,584  
(Attorney/Agent)

Complete (if applicable)

Telephone (585) 263-1014

Signature

Gunnar Leinberg

Date

9/17/04

SEND TO: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450